

PERSONAL FINANCIAL STATEMENT**FORM PFS
COVER SHEET
PAGE 1**

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2019, covering calendar year ending December 31, 2018.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #
53ACCOUNT #
00020990

1 NAME The Honorable Royce NICKNAME; LAST; SUFFIX West		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 06/24/2019	
2 ADDRESS 320 South R. L. Thornton Freeway Suite 300 Dallas, TX 75203-1804 <input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)		Receipt # HD / PM Amount Date Processed	
3 TELEPHONE NUMBER [REDACTED]		Date Imaged	
4 REASON FOR FILING STATEMENT <input type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE) <input checked="" type="checkbox"/> ELECTED OFFICER Senate (INDICATE OFFICE) <input type="checkbox"/> APPOINTED OFFICER _____ (INDICATE AGENCY) <input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY) <input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT <input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY) <input type="checkbox"/> OTHER _____ (INDICATE POSITION)			

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Carol West

DEPENDENT CHILD 1. _____
2. _____
3. _____

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
2 EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER STATE OF TEXAS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1400 N. CONGRESS AVENUE ROOM 1E.3 AUSTIN, TX 78701-1932 POSITION HELD STATE SENATOR		
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION		
INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER WEST & ASSOCIATES, LLP ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 320 SOUTH R. L. THORNTON FREEWAY SUITE 300 DALLAS, TX 75203-1804 POSITION HELD Mananging Partner		
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION		
INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER ROYCE WEST & ASSOCIATES, P.C. ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 320 SOUTH R.L. THORNTON FREEWAY SUITE 300 DALLAS, TX 75203-1804 POSITION HELD President		
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION		

STOCK**PART 2**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

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1 BUSINESS ENTITY	NAME ALIBABA GROUP HOLDING LT			
2 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME ALPHABET INC SHS CL C			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES	<input checked="" type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME ALTABA INC REG SHS			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME ALTRIA GROUP INC			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

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1 BUSINESS ENTITY	NAME AMAZON COM INC COM			
2 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input checked="" type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME AMERICAN AIRLINES GRP INC			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME AMERICAN INTERNATIONAL GROUP INC			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME APPLE INC			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input checked="" type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

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1 BUSINESS ENTITY	NAME AT&T INC				
2 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____	
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999	
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE			
4 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME BANK OF AMERICA CORP				
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999	
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE			
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME BANK OF AMERICA, NA RASP				
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input checked="" type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999	
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE			
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME BLACKROCK SCIENCE AND TECH TR				
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999	
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE			
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

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1 BUSINESS ENTITY	NAME CATERPILLAR INC				
2 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____	
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input checked="" type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999	
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE			
4 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME CSI COMPRESSCO				
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999	
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE			
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME ENERGY TRANSFER LP				
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input checked="" type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999	
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE			
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME FACEBOOK INC CLASS A COMMON STOCK				
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999	
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE			
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

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1 BUSINESS ENTITY	NAME GOLDMAN SACHS GROUP INC			
2 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input checked="" type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME JPMORGAN CHASE & CO			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME LAS VEGAS SANDS CORP			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input checked="" type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME MASTERCARD INC			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input checked="" type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

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1 BUSINESS ENTITY	NAME MICRON TECHNOLOGY INC			
2 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME MICROSOFT CORPORATION			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME NETFLIX COM INC			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME SALESFORCE COM INC			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

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1 BUSINESS ENTITY	NAME SOUTHWEST AIRLINES COMPANY			
2 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input checked="" type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME SQUARE INC CL A			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME TWITTER INC			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME AMERICAN AIRLINES GRP INC			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input checked="" type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input checked="" type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

STOCK**PART 2**

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List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

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1 BUSINESS ENTITY	NAME AMERICAN INTERNATIONAL GROUP INC NEW				
2 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____	
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999	
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE			
4 IF SOLD	<input type="checkbox"/> NET GAIN <input checked="" type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input checked="" type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME BANK OF AMERICA CORPORATION				
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input checked="" type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999	
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE			
IF SOLD	<input type="checkbox"/> NET GAIN <input checked="" type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME CSI COMPRESSCO				
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999	
	<input checked="" type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE			
IF SOLD	<input type="checkbox"/> NET GAIN <input checked="" type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME DALLAS TEX INDPT SCH DIST SCH PSF GTD OID				
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999	
	<input type="checkbox"/> LESS THAN 10K	<input checked="" type="checkbox"/> 10,000 OR MORE			
IF SOLD	<input type="checkbox"/> NET GAIN <input checked="" type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

STOCK**PART 2**

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1 BUSINESS ENTITY	NAME ENERGY XXI GULF COAST INC @ 9.10					
2 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____		
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input checked="" type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999		
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE				
4 IF SOLD	<input type="checkbox"/> NET GAIN	<input checked="" type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME ENERGY XXI GULF COAST INC WTS EXPIRING 12/30/21					
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____		
NUMBER OF SHARES	<input checked="" type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999		
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE				
IF SOLD	<input type="checkbox"/> NET GAIN	<input checked="" type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME GILROY CALIF UNI SCH DIST CTFS PARTN SCH AGC					
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____		
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999		
	<input type="checkbox"/> LESS THAN 10K	<input checked="" type="checkbox"/> 10,000 OR MORE				
IF SOLD	<input type="checkbox"/> NET GAIN	<input checked="" type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME GLOBAL X LITHIUM & BATTERY TECH ETF					
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____		
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999		
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE				
IF SOLD	<input type="checkbox"/> NET GAIN	<input checked="" type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE

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1 BUSINESS ENTITY	NAME LOS ANGELES CALIF DEPT ARPTS ARPT REV SER C OID			
2 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input checked="" type="checkbox"/> 10,000 OR MORE		
4 IF SOLD <input type="checkbox"/> NET GAIN <input checked="" type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME ROCKWELL MEDICAL TECH			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input checked="" type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input checked="" type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME THE INVESTMENT COMPANY OF AMERICA-A			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input checked="" type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME FACEBOOK			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE

STOCK**PART 2**

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1 BUSINESS ENTITY	NAME PEGASUS BANK				
2 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____	
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999	
	<input type="checkbox"/> LESS THAN 10K	<input checked="" type="checkbox"/> 10,000 OR MORE			
4 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

MUTUAL FUNDS

PART 4

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List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

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1 MUTUAL FUND		NAME THE INVESTMENT COMPANY OF AMERICA-A			
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 NUMBER OF SHARES OF MUTUAL FUND		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 to 9,999	<input checked="" type="checkbox"/> 10,000 OR MORE		
4 IF SOLD <input type="checkbox"/> NET GAIN <input checked="" type="checkbox"/> NET LOSS		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE
 MUTUAL FUND		NAME BLACKROCK CASH FUND: TREASURY			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY		<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 to 9,999	<input checked="" type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input checked="" type="checkbox"/> NET LOSS		<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE
 MUTUAL FUND		NAME BLACKROCK RUSSELL 2000 INDEX FUND			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY		<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND		<input type="checkbox"/> LESS THAN 100	<input checked="" type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 to 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input checked="" type="checkbox"/> NET LOSS		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE
 MUTUAL FUND		NAME BLACKROCK BLOOMBERG ROLL SELECT COMMODITY INDEX FUND			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY		<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input checked="" type="checkbox"/> 5,000 to 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input checked="" type="checkbox"/> NET LOSS		<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

MUTUAL FUNDS

PART 4

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List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

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1 MUTUAL FUND	NAME SMALL CAP US EQUITY FUND			
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
3 NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 to 9,999	<input type="checkbox"/> 10,000 OR MORE		
4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

MUTUAL FUND	NAME BLACKROCK S&P 400 MID CAP INDEX FUND			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 to 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

MUTUAL FUND	NAME BLACKROCK RUSSELL 3000 INDEX FUND			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 to 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

MUTUAL FUND	NAME SMALL CAP US EQUITY FUND			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 to 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

MUTUAL FUNDS

PART 4

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1 MUTUAL FUND	NAME HARTFORD MID CAP R6			
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
3 NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE			
4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			

MUTUAL FUND	NAME FID BLUE CHIP GR			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE			
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			

MUTUAL FUND	NAME FID 500 INDEX			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE			
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			

MUTUAL FUND	NAME FID OTC PORTFOLIO			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input checked="" type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE			
IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			

MUTUAL FUNDS

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1 MUTUAL FUND	NAME FID GROWTH COMPANY			
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
3 NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input checked="" type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 to 9,999	<input type="checkbox"/> 10,000 OR MORE		
4 IF SOLD <input type="checkbox"/> NET GAIN <input checked="" type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 SOURCE OF INCOME		NAME AND ADDRESS				
<input checked="" type="checkbox"/> Publicly held corporation		ALTRIA GROUP INC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
2 RECEIVED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
3 AMOUNT		<input type="checkbox"/> \$500 - \$4,999	<input checked="" type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE	
 SOURCE OF INCOME		 NAME AND ADDRESS				
<input checked="" type="checkbox"/> Publicly held corporation		AMERICAN AIRLINES GRP INC. ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
 RECEIVED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
 AMOUNT		<input checked="" type="checkbox"/> \$500 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE	
 SOURCE OF INCOME		 NAME AND ADDRESS				
<input checked="" type="checkbox"/> Publicly held corporation		AMERICAN INTERNATIONAL GROUP INC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
 RECEIVED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
 AMOUNT		<input checked="" type="checkbox"/> \$500 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE	
 SOURCE OF INCOME		 NAME AND ADDRESS				
<input checked="" type="checkbox"/> Publicly held corporation		APPLE INC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
 RECEIVED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
 AMOUNT		<input type="checkbox"/> \$500 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input checked="" type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE	

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

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List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 SOURCE OF INCOME		NAME AND ADDRESS				
<input checked="" type="checkbox"/> Publicly held corporation		AT&T INC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
2 RECEIVED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
3 AMOUNT		<input type="checkbox"/> \$500 - \$4,999	<input checked="" type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE	
 SOURCE OF INCOME		NAME AND ADDRESS				
<input checked="" type="checkbox"/> Publicly held corporation		BANK OF AMERICA CORP ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
 RECEIVED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
 AMOUNT		<input checked="" type="checkbox"/> \$500 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE	
 SOURCE OF INCOME		NAME AND ADDRESS				
<input checked="" type="checkbox"/> Publicly held corporation		BLACKROCK SCIENCE AND TECH TR ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
 RECEIVED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
 AMOUNT		<input checked="" type="checkbox"/> \$500 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE	
 SOURCE OF INCOME		NAME AND ADDRESS				
<input checked="" type="checkbox"/> Publicly held corporation		CATERPILLAR INC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
 RECEIVED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
 AMOUNT		<input checked="" type="checkbox"/> \$500 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE	

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

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List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 SOURCE OF INCOME		NAME AND ADDRESS				
<input checked="" type="checkbox"/> Publicly held corporation		CSI COMPRESSCO ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
2 RECEIVED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
3 AMOUNT		<input checked="" type="checkbox"/> \$500 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE	
 SOURCE OF INCOME		NAME AND ADDRESS				
<input checked="" type="checkbox"/> Publicly held corporation		DALLAS TEX INDPT SCH DIST SCH PSF GTD OID ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
 RECEIVED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
 AMOUNT		<input checked="" type="checkbox"/> \$500 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE	
 SOURCE OF INCOME		NAME AND ADDRESS				
<input checked="" type="checkbox"/> Publicly held corporation		ENERGY TRANSFER PARTNERS LP ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
 RECEIVED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
 AMOUNT		<input checked="" type="checkbox"/> \$500 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE	
 SOURCE OF INCOME		NAME AND ADDRESS				
<input checked="" type="checkbox"/> Publicly held corporation		GOLDMAN SACHS GROUP INC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
 RECEIVED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
 AMOUNT		<input checked="" type="checkbox"/> \$500 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE	

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

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List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 SOURCE OF INCOME		NAME AND ADDRESS GILROY CALIF UNI SCH DIST CTFS PARTN SCH AGC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
<input checked="" type="checkbox"/> Publicly held corporation						
2 RECEIVED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
3 AMOUNT		<input checked="" type="checkbox"/> \$500 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE	
 SOURCE OF INCOME		NAME AND ADDRESS JPMORGAN CHASE & CO FORMERLY JP MORGAN CHASE & CO ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
<input checked="" type="checkbox"/> Publicly held corporation						
 RECEIVED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
 AMOUNT		<input type="checkbox"/> \$500 - \$4,999	<input checked="" type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE	
 SOURCE OF INCOME		NAME AND ADDRESS LAS VEGAS SAND CORP ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
<input checked="" type="checkbox"/> Publicly held corporation						
 RECEIVED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
 AMOUNT		<input checked="" type="checkbox"/> \$500 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE	
 SOURCE OF INCOME		NAME AND ADDRESS LOS ANGELES CALIF DEPT ARPTS ARPT REV SER C OID ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
<input checked="" type="checkbox"/> Publicly held corporation						
 RECEIVED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
 AMOUNT		<input checked="" type="checkbox"/> \$500 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE	

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

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List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 SOURCE OF INCOME		NAME AND ADDRESS				
		MICROSOFT CORPORATION ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
<input checked="" type="checkbox"/> Publicly held corporation						
2 RECEIVED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
3 AMOUNT		<input checked="" type="checkbox"/> \$500 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE	
SOURCE OF INCOME		NAME AND ADDRESS				
		SOUTHWEST AIRLINES CO ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
<input checked="" type="checkbox"/> Publicly held corporation						
RECEIVED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
AMOUNT		<input type="checkbox"/> \$500 - \$4,999	<input checked="" type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE	
SOURCE OF INCOME		NAME AND ADDRESS				
		THE INVESTMENT COMPANY OF AMERICA-A (THIS FUND PRIVATE OR PUBLIC?) ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
<input checked="" type="checkbox"/> Publicly held corporation						
RECEIVED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
AMOUNT		<input type="checkbox"/> \$500 - \$4,999	<input checked="" type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE	
SOURCE OF INCOME		NAME AND ADDRESS				
		FIDELITY 401K URBAN ONE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
<input checked="" type="checkbox"/> Publicly held corporation						
RECEIVED BY		<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
AMOUNT		<input checked="" type="checkbox"/> \$500 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE	

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

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List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS RENT ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9512 CUTLEAF CT DALLAS, TX 75249				
2 RECEIVED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
3 AMOUNT	<input type="checkbox"/> \$500 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input checked="" type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE	

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	BANK OF AMERICA			
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
3 GUARANTOR	NONE			
4 AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	GM FINANCIAL			
LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
GUARANTOR	NONE			
AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	EECU CREDIT UNION			
LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
GUARANTOR	NONE			
AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	AMERICAN NATIONAL BANK OF TEXAS			
LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
GUARANTOR	NONE			
AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input checked="" type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY		<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
2 STREET ADDRESS		STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [REDACTED] [REDACTED]				
<input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS						
3 DESCRIPTION		NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots DALLAS				
4 NAMES OF PERSONS RETAINING AN INTEREST		<input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)				
5 IF SOLD		<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE
HELD OR ACQUIRED BY		<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
STREET ADDRESS		STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1305 GREEN HILLS COURT DUNCANVILLE, TX 75137-2841				
<input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS						
DESCRIPTION		NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots DALLAS				
NAMES OF PERSONS RETAINING AN INTEREST						
<input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)						
IF SOLD		<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

INTERESTS IN REAL PROPERTY

PART 7A

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Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
2 STREET ADDRESS		STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 7318 OAKMORE DALLAS, TX 75249-1307				
3 DESCRIPTION		NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED lots DALLAS				
4 NAMES OF PERSONS RETAINING AN INTEREST		<input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)				
5 IF SOLD		<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE
HELD OR ACQUIRED BY		<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
STREET ADDRESS		STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1537 PLEASANT RUN DESOTO, TX 75115				
DESCRIPTION		NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 5.00000 acres DALLAS				
NAMES OF PERSONS RETAINING AN INTEREST		<input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)				
IF SOLD		<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

INTERESTS IN REAL PROPERTY

PART 7A

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Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 9512 CUTLEAF CT DALLAS, TX 75249
3 DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots DALLAS
4 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
5 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

INTEREST IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY		<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
2 DESCRIPTION		NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) OMEGA FRAT HOUSE LLC 320 SOUTH R. L. THORNTON FREEWAY SUITE 300 DALLAS, TX 75203-1804			
3 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE
 HELD OR ACQUIRED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
 DESCRIPTION		NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) ROYCE WEST & ASSOCIATES, P.C. 320 SOUTH R. L. THORNTON FREEWAY SUITE 300 DALLAS, TX 75203-1804			
 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE
 HELD OR ACQUIRED BY		<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
 DESCRIPTION		NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) SKYVIEW DEVELOPMENT LLC 320 SOUTH R. L. THORNTON FREEWAY SUITE 300 DALLAS, TX 75203-1804			
 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE
 HELD OR ACQUIRED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
 DESCRIPTION		NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FREEWAY SUITE 300 DALLAS, TX 75203-1804			
 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

OWNERSHIP OF BUSINESS ASSOCIATIONS

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) ROYCE WEST & ASSOCIATES, P.C. (LEGAL) 320 SOUTH R. L. THORNTON FREEWAY SUITE 300 DALLAS, TX 75203-1804		
2 BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Firm <input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input checked="" type="checkbox"/> Professional Corporation	<input type="checkbox"/> Profesional Association <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) SKYVIEW DEVELOPMENT LLC (REAL ESTATE DEVELOPMENT) 320 SOUTH R. L. THORNTON FREEWAY SUITE 300 DALLAS, TX 75203-1804		
2 BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Firm <input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Profesional Association <input type="checkbox"/> Joint Venture <input checked="" type="checkbox"/> Other _____
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) WEST & ASSOCIATES, LLP (LEGAL) 320 SOUTH R. L. THORNTON FREEWAY SUITE 300 DALLAS, TX 75203-1804		
2 BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Firm <input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Profesional Association <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____

ASSETS OF BUSINESS ASSOCIATIONS

PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	<p>NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)</p> <p>ROYCE WEST & ASSOCIATES, P.C. (LEGAL) 320 SOUTH R. L. THORNTON FREEWAY SUITE 300 DALLAS, TX 75203-1804</p>						
2 BUSINESS TYPE	Professional Corporation						
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____				
4 ASSETS	<p>DESCRIPTION</p> <p>LEGAL DOCUMENTS AND PAPERS</p>	<p>CATEGORY</p> <table> <tr> <td data-bbox="1000 836 1237 865"><input checked="" type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1261 836 1465 865"><input type="checkbox"/> \$5,000 - \$9,999</td> </tr> <tr> <td data-bbox="1000 882 1237 912"><input type="checkbox"/> \$10,000 - \$24,999</td> <td data-bbox="1261 882 1530 912"><input type="checkbox"/> \$25,000 OR MORE</td> </tr> </table>		<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000 OR MORE
<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999						
<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000 OR MORE						

1 BUSINESS ASSOCIATION	<p>NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)</p> <p>SKYVIEW DEVELOPMENT LLC (REAL ESTATE DEVELOPMENT) 320 SOUTH R. L. THORNTON FREEWAY SUITE 300 DALLAS, TX 75203-1804</p>																		
2 BUSINESS TYPE	Other Business Association																		
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____																
4 ASSETS	<p>DESCRIPTION</p> <p>320 SOUTH R. L. THORNTON FREEWAY 3 STORY BUILDING</p> <p>523 EADS STREET - HOUSE AND UNIMPROVED LAND</p> <p>1008 HUTCHINS AVENUE - TWO VACANT LOTS</p> <p>1030 RED OAK STREET - VACANT LOT</p>	<p>CATEGORY</p> <table> <tr> <td data-bbox="1000 1427 1237 1457"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1261 1427 1465 1457"><input type="checkbox"/> \$5,000 - \$9,999</td> </tr> <tr> <td data-bbox="1000 1474 1237 1503"><input type="checkbox"/> \$10,000 - \$24,999</td> <td data-bbox="1261 1474 1530 1503"><input checked="" type="checkbox"/> \$25,000 OR MORE</td> </tr> <tr> <td data-bbox="1000 1533 1237 1562"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1261 1533 1465 1562"><input type="checkbox"/> \$5,000 - \$9,999</td> </tr> <tr> <td data-bbox="1000 1579 1237 1609"><input type="checkbox"/> \$10,000 - \$24,999</td> <td data-bbox="1261 1579 1530 1609"><input checked="" type="checkbox"/> \$25,000 OR MORE</td> </tr> <tr> <td data-bbox="1000 1638 1237 1668"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1261 1638 1465 1668"><input type="checkbox"/> \$5,000 - \$9,999</td> </tr> <tr> <td data-bbox="1000 1685 1237 1714"><input checked="" type="checkbox"/> \$10,000 - \$24,999</td> <td data-bbox="1261 1685 1530 1714"><input type="checkbox"/> \$25,000 OR MORE</td> </tr> <tr> <td data-bbox="1000 1744 1237 1774"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1261 1744 1465 1774"><input type="checkbox"/> \$5,000 - \$9,999</td> </tr> <tr> <td data-bbox="1000 1790 1237 1820"><input checked="" type="checkbox"/> \$10,000 - \$24,999</td> <td data-bbox="1261 1790 1530 1820"><input type="checkbox"/> \$25,000 OR MORE</td> </tr> </table>		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000 OR MORE	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000 OR MORE	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input checked="" type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000 OR MORE	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input checked="" type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000 OR MORE
<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999																		
<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000 OR MORE																		
<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999																		
<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000 OR MORE																		
<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999																		
<input checked="" type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000 OR MORE																		
<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999																		
<input checked="" type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000 OR MORE																		

ASSETS OF BUSINESS ASSOCIATIONS

PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) WEST & ASSOCIATES, LLP (LEGAL) 320 SOUTH R. L. THORNTON FREEWAY SUITE 300 DALLAS, TX 75203-1804		
2 BUSINESS TYPE	Limited Liability Partnership		
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
4 ASSETS	DESCRIPTION	CATEGORY	
		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999
		<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000 OR MORE
		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999
		<input checked="" type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000 OR MORE
		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999
		<input checked="" type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000 OR MORE
		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999
		<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000 OR MORE

LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11C

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) SKYVIEW DEVELOPMENT LLC (REAL ESTATE DEVELOPMENT) 320 SOUTH R. L. THORNTON FREEWAY SUITE 300 DALLAS, TX 75203-1804		
2 BUSINESS TYPE	Other Business Association		
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
4 LIABILITIES	DESCRIPTION	CATEGORY	
	DEBT	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999
	TENANT DEPOSITS	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
		<input type="checkbox"/> LESS THAN \$5,000	<input checked="" type="checkbox"/> \$5,000 - \$9,999

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 ORGANIZATION	BLACK AMERICA WEB RELIEF FUND		
2 POSITION HELD	SECRETARY		
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	CIRCLE TEN COUNCIL OF BOY SCOUTS OF AMERICA		
POSITION HELD	EXECUTIVE VICE PRESIDENT		
POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	EDUCATION IS FREEDOM		
POSITION HELD	BOARD MEMBER		
POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	TOM JOYNER FOUNDATION, INC		
POSITION HELD	SECRETARY		
POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	ROYCE WEST & ASSOCIATES, P.C.		
POSITION HELD	PRESIDENT		
POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	SKYVIEW DEVELOPMENT LLC		
POSITION HELD	PRESIDENT		
POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 ORGANIZATION	WEST & ASSOCIATES , LLP		
2 POSITION HELD	MANAGING PARTNER		
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	SOUTHWESTERN MEDICAL FOUNDATION		
POSITION HELD	AUDIT COMMITTEE MEMBER		
POSITION HELD BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	VISITDALLAS		
POSITION HELD	FINANCE COMMITTEE MEMBER		
POSITION HELD BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____

EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

PART 13

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under section 36.07(b) of the Penal Code, in connection with a conference or similar event in which you rendered services, such as addressing an audience or participating in a seminar, that were more than perfunctory. Also provide the amount of the expenditures on transportation, meals, or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report, or expenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the Government Code). For more information, see FORM PFS--INSTRUCTION GUIDE.

1 PROVIDER	NAME AND ADDRESS PRAIRIE VIEW A&M UNIVERSITY P. O. BOX 519, MS 2600 PRAIRIE VIEW, TX 77446-0519
2 AMOUNT	\$227.83
PROVIDER	NAME AND ADDRESS TEXAS A&M UNIVERSITY 301 Tarrow St., 7th Floor COLLEGE STATION, TX 77840-7896
AMOUNT	\$165.57

FEES RECEIVED FOR SERVICES RENDERED TO A LOBBYIST OR LOBBYIST'S EMPLOYER

PART 15

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT include this page in the report.**

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under chapter 305 of the Government Code, or for providing services to or on behalf of a person you actually know directly compensates or reimburses a person required to be registered as a lobbyist. Report the name of each person or entity for which the services were provided, and indicate the category of the amount of each fee. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	AT&T SERVICES INC			
2 FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	BANK OF AMERICA NA MERCHANT REPORTING			
2 FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	CITY OF ARLINGTON			
2 FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	CITY OF CEDAR HILL			
2 FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	CITY OF DALLAS, TEXAS			
2 FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	CITY OF HOUSTON, TEXAS			
2 FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	DALLAS COUNTY COMMUNITY COLLEGE DISTRICT			
2 FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input checked="" type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE
1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	DALLAS INDEPENDENT SCHOOL DISTRICT			
2 FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	HARRIS COUNTY TEXAS TOLL ROAD			
2 FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE

FEES RECEIVED FOR SERVICES RENDERED TO A LOBBYIST OR LOBBYIST'S EMPLOYER

PART 15

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT include this page in the report.**

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under chapter 305 of the Government Code, or for providing services to or on behalf of a person you actually know directly compensates or reimburses a person required to be registered as a lobbyist. Report the name of each person or entity for which the services were provided, and indicate the category of the amount of each fee. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	HILLTOP SECURITIES INC.			
2 FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	HOUSTON INDEPENDENT SCHOOL DISTRICT			
2 FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	JP MORGAN CHASE & CO			
2 FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input checked="" type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE
1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	LINEBARGER GOGGAN BLAIR & SAMPSON			
2 FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	NORTH TEXAS TOLL AUTHORITY			
2 FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	WELLS FARGO SECURITIES LLC			
2 FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	CITY OF FORT WORTH, TEXAS			
2 FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	METROPOLITAN TRANSIT AUTHORITY			
2 FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	DALLAS AREA RAPID TRANSIT			
2 FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE

CONTRACTS TO SELL GOODS OR SERVICES TO A GOVERNMENTAL ENTITY OR GOVERNMENTAL ENTITY CONTRACTOR

PART 19

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List the parties to all contractors in the amount of \$2500 or more if the aggregate of goods or services sold under all written contracts exceeds \$10,000 in which you, your spouse, or a dependent child, or any business entity of which you, your spouse, or a dependent child, independently or in conjunction with, has at least 50% ownership. For more information, see FORM PFS - INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER PARTIES	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT _____
2 GOVERNMENTAL PARTIES	NAME AND ADDRESS DALLAS INDEPENDENT SCHOOL DIST 9400 NORTH CENTRAL EXPY DALLAS, TX 75231 <input checked="" type="checkbox"/> GOVERNMENTAL ENTITY <input type="checkbox"/> CONTRACTOR FOR GOVERNMENTAL ENTITY _____		
3 BUSINESS PARTIES	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORTON FRWY SUITE 300 DALLAS, TX 75203-1804		

CONTRACTS TO SELL GOODS OR SERVICES TO A GOVERNMENTAL ENTITY OR GOVERNMENTAL ENTITY CONTRACTOR

PART 19

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List the parties to all contractors in the amount of \$2500 or more if the aggregate of goods or services sold under all written contracts exceeds \$10,000 in which you, your spouse, or a dependent child, or any business entity of which you, your spouse, or a dependent child, independently or in conjunction with, has at least 50% ownership. For more information, see FORM PFS - INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER PARTIES	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT _____
2 GOVERNMENTAL PARTIES	NAME AND ADDRESS HOUSTON INDEPENDENT SCHOOL DIS 4400 W. 18TH STREET HOUSTON, TX 77092 <input checked="" type="checkbox"/> GOVERNMENTAL ENTITY <input type="checkbox"/> CONTRACTOR FOR GOVERNMENTAL ENTITY _____		
3 BUSINESS PARTIES	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY SUITE 300 DALLAS, TX 75203-1804		

CONTRACTS TO SELL GOODS OR SERVICES TO A GOVERNMENTAL ENTITY OR GOVERNMENTAL ENTITY CONTRACTOR

PART 19

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List the parties to all contractors in the amount of \$2500 or more if the aggregate of goods or services sold under all written contracts exceeds \$10,000 in which you, your spouse, or a dependent child, or any business entity of which you, your spouse, or a dependent child, independently or in conjunction with, has at least 50% ownership. For more information, see FORM PFS - INSTRUCTION GUIDE.

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1 FILER PARTIES	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT _____
2 GOVERNMENTAL PARTIES	NAME AND ADDRESS METROPOLITAN TRANSIT AUTHORITY 1900 MAIN STREET HOUSTON, TX 77002 <input checked="" type="checkbox"/> GOVERNMENTAL ENTITY <input type="checkbox"/> CONTRACTOR FOR GOVERNMENTAL ENTITY _____		
3 BUSINESS PARTIES	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY. SUITE 300 DALLAS, TX 75203-1804		

CONTRACTS TO SELL GOODS OR SERVICES TO A GOVERNMENTAL ENTITY OR GOVERNMENTAL ENTITY CONTRACTOR

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1 FILER PARTIES	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT _____
2 GOVERNMENTAL PARTIES	NAME AND ADDRESS SUNBELT FRESH WATER SUPPLY DIS 401 W. GULF BANK ROAD HOUSTON, TX 77037 <input checked="" type="checkbox"/> GOVERNMENTAL ENTITY <input type="checkbox"/> CONTRACTOR FOR GOVERNMENTAL ENTITY _____		
3 BUSINESS PARTIES	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY. SUITE 300 DALLAS, TX 75203-1804		

CONTRACTS TO SELL GOODS OR SERVICES TO A GOVERNMENTAL ENTITY OR GOVERNMENTAL ENTITY CONTRACTOR

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1 FILER PARTIES	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT _____
2 GOVERNMENTAL PARTIES	NAME AND ADDRESS CROWLEY ISD 512 PEACH STREET CROWLEY, TX 76036 <input checked="" type="checkbox"/> GOVERNMENTAL ENTITY <input type="checkbox"/> CONTRACTOR FOR GOVERNMENTAL ENTITY _____		
3 BUSINESS PARTIES	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY. SUITE 300 DALLAS, TX 75203-1804		

CONTRACTS TO SELL GOODS OR SERVICES TO A GOVERNMENTAL ENTITY OR GOVERNMENTAL ENTITY CONTRACTOR

PART 19

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List the parties to all contractors in the amount of \$2500 or more if the aggregate of goods or services sold under all written contracts exceeds \$10,000 in which you, your spouse, or a dependent child, or any business entity of which you, your spouse, or a dependent child, independently or in conjunction with, has at least 50% ownership. For more information, see FORM PFS - INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER PARTIES	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT _____
2 GOVERNMENTAL PARTIES	NAME AND ADDRESS CITY OF FORT WORTH TEXAS 200 TEXAS STREET FORT WORTH, TX 76102 <input checked="" type="checkbox"/> GOVERNMENTAL ENTITY <input type="checkbox"/> CONTRACTOR FOR GOVERNMENTAL ENTITY _____		
3 BUSINESS PARTIES	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY SUITE 300 DALLAS, TX 75203-1804		

CONTRACTS TO SELL GOODS OR SERVICES TO A GOVERNMENTAL ENTITY OR GOVERNMENTAL ENTITY CONTRACTOR

PART 19

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When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER PARTIES	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT _____
2 GOVERNMENTAL PARTIES	NAME AND ADDRESS CITY OF HOUSTON, TEXAS 901 BAGBY STREET HOUSTON, TX 77002 <input checked="" type="checkbox"/> GOVERNMENTAL ENTITY <input type="checkbox"/> CONTRACTOR FOR GOVERNMENTAL ENTITY _____		
3 BUSINESS PARTIES	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY SUITE 300 DALLAS, TX 75203-1804		

BOND COUNSEL SERVICES PROVIDED BY A LEGISLATOR**PART 20**

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Identify each issuance for which you served as bond counsel. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 ISSUER NAME	CITY OF LANCASTER, TEXAS			
2 ISSUANCE DATE	10/11/2018			
3 ISSUANCE AMOUNT	\$9,050,000.00			
4 FEES PAID TO FILER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			
5 FEES PAID TO FILER'S FIRM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAME AND ADDRESS OF FIRM <input type="checkbox"/> (Check if Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY SUITE 300 DALLAS, TX 75203-1804 <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			
1 ISSUER NAME	DALLAS COUNTY COMMUNITY COLLEG			
2 ISSUANCE DATE	11/29/2018			
3 ISSUANCE AMOUNT	\$27,280,000.00			
4 FEES PAID TO FILER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			
5 FEES PAID TO FILER'S FIRM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAME AND ADDRESS OF FIRM <input type="checkbox"/> (Check if Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY SUITE 300 DALLAS, TX 75203-1804 <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			
1 ISSUER NAME	NORTH TEXAS TOLLWAY AUTHORITY			
2 ISSUANCE DATE	11/13/2018			
3 ISSUANCE AMOUNT	\$356,085,000.00			
4 FEES PAID TO FILER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			
5 FEES PAID TO FILER'S FIRM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAME AND ADDRESS OF FIRM <input type="checkbox"/> (Check if Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY SUITE 300 DALLAS, TX 75203-1804 <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE			

BOND COUNSEL SERVICES PROVIDED BY A LEGISLATOR

PART 20

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Identify each issuance for which you served as bond counsel. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 ISSUER NAME	CYPRESS FAIRBANKS ISD			
2 ISSUANCE DATE	11/7/2018			
3 ISSUANCE AMOUNT	\$187,260,000.00			
4 FEES PAID TO FILER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			
5 FEES PAID TO FILER'S FIRM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAME AND ADDRESS OF FIRM <input type="checkbox"/> (Check if Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY SUITE 300 DALLAS, TX 75203-1804 <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE			
1 ISSUER NAME	CROWLEY ISD			
2 ISSUANCE DATE	10/4/2018			
3 ISSUANCE AMOUNT	\$78,250,000.00			
4 FEES PAID TO FILER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			
5 FEES PAID TO FILER'S FIRM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAME AND ADDRESS OF FIRM <input type="checkbox"/> (Check if Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY SUITE 300 DALLAS, TX 75203-1804 <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE			
1 ISSUER NAME	DALLAS ISD			
2 ISSUANCE DATE	10/4/2018			
3 ISSUANCE AMOUNT	\$300,000,000.00			
4 FEES PAID TO FILER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			
5 FEES PAID TO FILER'S FIRM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAME AND ADDRESS OF FIRM <input type="checkbox"/> (Check if Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY SUITE 300 DALLAS, TX 75203-1804 <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE			

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Identify each issuance for which you served as bond counsel. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 ISSUER NAME	CYPRESS FAIRBANKS ISD			
2 ISSUANCE DATE	8/15/2018			
3 ISSUANCE AMOUNT	\$49,740,000.00			
4 FEES PAID TO FILER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			
5 FEES PAID TO FILER'S FIRM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAME AND ADDRESS OF FIRM <input type="checkbox"/> (Check if Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY SUITE 300 DALLAS, TX 75203-1804 <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE			
1 ISSUER NAME	DALLAS ISD MULTI-MODAL			
2 ISSUANCE DATE	8/9/2018			
3 ISSUANCE AMOUNT	\$75,000,000.00			
4 FEES PAID TO FILER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			
5 FEES PAID TO FILER'S FIRM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAME AND ADDRESS OF FIRM <input type="checkbox"/> (Check if Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY SUITE 300 DALLAS, TX 75203-1804 <input type="checkbox"/> LESS THAN \$5,000 <input checked="" type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			
1 ISSUER NAME	CITY OF BEAUMONT, TEXAS			
2 ISSUANCE DATE	8/7/2018			
3 ISSUANCE AMOUNT	\$9,260,000.00			
4 FEES PAID TO FILER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			
5 FEES PAID TO FILER'S FIRM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAME AND ADDRESS OF FIRM <input type="checkbox"/> (Check if Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY SUITE 300 DALLAS, TX 75203-1804 <input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			

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Identify each issuance for which you served as bond counsel. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 ISSUER NAME	CITY OF ARLINGTON, TEXAS			
2 ISSUANCE DATE	6/28/2018			
3 ISSUANCE AMOUNT	\$32,735,000.00			
4 FEES PAID TO FILER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			
5 FEES PAID TO FILER'S FIRM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAME AND ADDRESS OF FIRM <input type="checkbox"/> (Check if Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY SUITE 300 DALLAS, TX 75203-1804 <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE			
1 ISSUER NAME	CITY OF ARLINGTON, TEXAS			
2 ISSUANCE DATE	6/7/2018			
3 ISSUANCE AMOUNT	\$54,200,000.00			
4 FEES PAID TO FILER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			
5 FEES PAID TO FILER'S FIRM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAME AND ADDRESS OF FIRM <input type="checkbox"/> (Check if Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY SUITE 300 DALLAS, TX 75203-1804 <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE			
1 ISSUER NAME	CITY OF ARLINGTON, TEXAS			
2 ISSUANCE DATE	6/7/2018			
3 ISSUANCE AMOUNT	\$5,525,000.00			
4 FEES PAID TO FILER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			
5 FEES PAID TO FILER'S FIRM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAME AND ADDRESS OF FIRM <input type="checkbox"/> (Check if Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY SUITE 300 DALLAS, TX 75203-1804 <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			

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1 ISSUER NAME	HOUSTON ISD			
2 ISSUANCE DATE	6/27/2018			
3 ISSUANCE AMOUNT	\$86,960,000.00			
4 FEES PAID TO FILER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			
5 FEES PAID TO FILER'S FIRM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAME AND ADDRESS OF FIRM <input type="checkbox"/> (Check if Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY SUITE 300 DALLAS, TX 75203-1804 <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			
1 ISSUER NAME	HARRIS COUNTY TEXAS TOLL ROAD			
2 ISSUANCE DATE	2/28/2018			
3 ISSUANCE AMOUNT	\$559,900,000.00			
4 FEES PAID TO FILER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			
5 FEES PAID TO FILER'S FIRM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAME AND ADDRESS OF FIRM <input type="checkbox"/> (Check if Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY SUITE 300 DALLAS, TX 75203-1804 <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE			
1 ISSUER NAME	CITY OF ARLINGTON, TEXAS			
2 ISSUANCE DATE	3/20/2018			
3 ISSUANCE AMOUNT	\$465,425,000.00			
4 FEES PAID TO FILER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			
5 FEES PAID TO FILER'S FIRM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAME AND ADDRESS OF FIRM <input type="checkbox"/> (Check if Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY SUITE 300 DALLAS, TX 75203-1804 <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE			

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1 ISSUER NAME	CITY OF CEDAR HILL			
2 ISSUANCE DATE	3/29/2018			
3 ISSUANCE AMOUNT	\$5,620,000.00			
4 FEES PAID TO FILER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			
5 FEES PAID TO FILER'S FIRM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAME AND ADDRESS OF FIRM <input type="checkbox"/> (Check if Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY SUITE 300 DALLAS, TX 75203-1804 <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE			
1 ISSUER NAME	HOUSTON AIRPORT SYSTEMS			
2 ISSUANCE DATE	8/2/2018			
3 ISSUANCE AMOUNT	\$569,110,000.00			
4 FEES PAID TO FILER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			
5 FEES PAID TO FILER'S FIRM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAME AND ADDRESS OF FIRM <input type="checkbox"/> (Check if Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY SUITE 300 DALLAS, TX 75203-1804 <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE			
1 ISSUER NAME	DALLAS AREA RAPID TRANSIT			
2 ISSUANCE DATE	11/1/2018			
3 ISSUANCE AMOUNT	\$125,000,000.00			
4 FEES PAID TO FILER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			
5 FEES PAID TO FILER'S FIRM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAME AND ADDRESS OF FIRM <input type="checkbox"/> (Check if Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY SUITE 300 DALLAS, TX 75203-1804 <input type="checkbox"/> LESS THAN \$5,000 <input checked="" type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			

BOND COUNSEL SERVICES PROVIDED BY A LEGISLATOR**PART 20**

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1 ISSUER NAME	DALLAS AREA RAPID TRANSIT			
2 ISSUANCE DATE	11/30/2018			
3 ISSUANCE AMOUNT	\$125,000,000.00			
4 FEES PAID TO FILER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			
5 FEES PAID TO FILER'S FIRM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAME AND ADDRESS OF FIRM <input type="checkbox"/> (Check if Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY SUITE 300 DALLAS, TX 75203-1804 <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE			
1 ISSUER NAME	DALLAS AREA RAPID TRANSIT			
2 ISSUANCE DATE	12/1/2018			
3 ISSUANCE AMOUNT	\$125,000,000.00			
4 FEES PAID TO FILER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			
5 FEES PAID TO FILER'S FIRM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAME AND ADDRESS OF FIRM <input type="checkbox"/> (Check if Filer's Home Address) WEST & ASSOCIATES, LLP 320 SOUTH R. L. THORNTON FRWY SUITE 300 DALLAS, TX 75203-1804 <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE			

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS

COVER SHEET

PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. **If you place a check in a box, do NOT include pages for that Part in the report.**

6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2018, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable Royce West

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath